Testimony before the
U.S. House of Representatives
Committee on Commerce
Subcommittee on Health and Environment
and
Subcommittee on Oversight and Investigations
May 1, 1997

Tom Alley, Chair
Committee on Conservation, Environment, and Recreation
Michigan State House of Representatives

Revisions to the National Ambient Air Quality Standards for Ozone and Particulate Matter

State policymakers have been bombarded with new federal air pollution control programs in the 1990's following the enactment of the Clean Air Act Amendments in 1990. Michigan lawmakers authorized numerous new programs that are beginning to work. Michigan only has one classified ozone non-attainment county which is downwind of Chicago, Gary, and Milwaukee. Under the proposal, that could jump to 25 counties. The Detroit metropolitan area is the largest urban center to have attained the standard. The entire state complies with the current particulate matter standard as many as four could fail to attain the proposed standard.

States are not opposed to doing more when there is a compelling case. We in the states tend to believe EPA's own scientific advisory panel and other scientists who do not believe the evidence is compelling, but do believe some changes to the current standards are warranted.

Scientists agree the current ozone standard should be revised from a one-hour peak concentration to its equivalent 8-hour average concentration of 0.09 ppm.

EPA estimates the more stringent 0.08 ppm ozone standard would only reduce the *overall hospitalization* rate for asthmatics by 2% in New York City and 70% of that reduction would be achieved if New York City complied with the 0.09 ppm level. Wouldn't we be better off if we identified and addressed causes of the other 98% of hospitalizations for asthmatics?

We need to collect more data about the real relationship between fine particulate and public health before rushing full speed into new, more stringent standards. Independent scientists, like the Health Effects Institute should be consulted about their re-analysis of the fine particulate data.

In a few months, Michigan and 36 other states will be forced to take additional steps to control the long range transport of ozone pollution. Michigan's policymakers will be asked to institute additional, costly programs to benefit our neighbors when we have yet to receive the benefits of similar controls from our neighbors struggling to comply with the current standard.

States are not balking at improving air quality. We will act when the case is compelling. The case is simply not compelling. Instead, we see a forever shifting target for control. Michigan has worked very hard in recent years to comply with the latest federal air pollution mandates. We need more time to evaluate the progress we have made. The next round of reductions might force us to bypass the already tightly controlled large industrial sources, and strangle small businesses and individuals.

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Messrs. Chair, and ladies and gentleman of the committee, thank you for giving me the opportunity to address the Subcommittees this afternoon on an issue of great importance to the members of the Michigan House of Representatives: the Environmental Protection Agency's (EPA's) proposed revisions to the *ozone* and *particulate matter national ambient air quality standards* (NAAQSs).

State policymakers have been bombarded with new federal air pollution control programs in the 1990s following the enactment of the Clean Air Act Amendments in 1990. Michigan lawmakers stepped up to the plate and answered the federal challenge. The Michigan Senate and House spent two years crafting the legislation necessary to implement federal permit, fee and small business assistance requirements, and ozone control programs ranging from automotive emission testing to stage I and II gasoline vapor recovery to reformulated gasoline. Our efforts have paid off. The *seven-county Detroit Metropolitan area* was redesignated as an *ozone attainment area* in 1995, making it the largest area in the country to have attained

the federal ozone standard. The *two-county Grand Rapids Metropolitan area* was redesignated an attainment area in 1996. The only Michigan counties where ozone levels remain elevated above the existing ozone NAAQS are those that are downwind of Chicago, Gary, and Milwaukee. Scientific studies have demonstrated that these counties can do nothing to control their own destiny, ozone levels will not decline in west Michigan until the upwind sources outside of Michigan's jurisdiction are controlled.

We continue to monitor ozone levels and implement new controls as needed to maintain our hard fought improvements in air quality. Last summer, Governor Engler imposed tighter vapor pressure controls on gasoline sold in the Detroit Metropolitan area so we would not lose ground in our efforts to control ozone levels in this major economic center. Notice has already been served that similar requirements will be imposed once again this year. At the same time we were able to provide refineries the flexibility to supply reformulated gasoline in lieu of lower vapor pressure fuel. An option several refineries sought as they were better positioned to supply reformulated gasoline than low vapor pressure fuel.

Flexibility to craft control options suited to each state or region will be lost if EPA's proposed standards are adopted. State policymakers must be given time to evaluate and review the programs recently put in place. These programs must be given a chance to work. We have examined and implemented nearly all the major programs available to gain significant reductions in ozone levels. The next round of reductions might have to bypass the already tightly controlled large industrial sources, and strangle small businesses and individuals. These controls should not be implemented without a compelling public health problem. EPA argues such a compelling problem exists. We in the states tend to believe EPA=s own scientific advisory panel and other scientists who do not believe the evidence is compelling, but do believe some changes to the current standards are warranted.

Scientists agree the ozone standard should be revised from a one-hour peak concentration to an 8-hour

average concentration. Such a revision would better reflect human exposure and adverse reactions to ozone. This recommendation can simply be accomplished by revising the existing 0.12 part per million (ppm) 1-hour standard to a 0.09 ppm 8-hour standard. Such a change would have little impact on the current designation of attainment and non-attainment areas around the country, as the two standards are essentially equivalent.

EPA relied on reversible reductions in pulmonary function among active children and increasing hospital admissions for asthmatics to make their case for further tightening the ozone NAAQS. EPA estimates that roughly 1-2% of the 7% of active children in their studies (or less than 1% of all children) would benefit from the 0.08 ppm standard over a 0.09 ppm. Even EPA rated this effect on the lowest end of the scale used by the American Thoracic Society to rate adverse respiratory health. Remember, reductions in pulmonary function from ozone at this level are completely reversible when the exposure ceases.

Asthma is a serious disease. Anyone who seeks emergency room treatment for their condition is experiencing severe respiratory distress. Unfortunately, EPA's estimates of the impact of ozone on asthma sufferers only applies to New York City. Even EPA thought the experience in New York City was insufficient to extrapolate to the rest of the country. EPA's estimates suggest that reducing the ozone standard to 0.08 ppm would only reduce the *overall hospitalization* rate for asthmatics by *2%* and 70% of that reduction would be achieved if New York City complied with the 0.09 ppm level. Wouldn't we be better off if we identified and addressed causes of the other 98% of hospitalizations for asthmatics?

The proposed revision to the particulate matter standard is even less compelling. The scientific community agrees that the 2.5 micron particulate matter or so-called *fine particulate* is different from the larger particulate targeted by the current 10 micron or PM-10 standard. Scientists even seem to agree that "something" is happening with fine particulate - they do appear to associated with some effect on public

health. This is where divergent views quickly rise to the surface and debate commences over what that "something" is. Proponents of the proposed NAAQS argue that exposure to fine particulates is associated with an increase in mortality. However, they don't really know how large that increase is or what causes it. Scientists do not know why fine particulates would contribute to mortality in patients with cardiopulmonary disease. Given these holes in the scientific evidence, many scientists believe the problem warrants more analyses and data collection in more than the handful of cities that have been studied to date.

Scientists agree that the fine particulate fraction, which is composed of many different types and sizes of particles, varies in composition across the country. Fine particulate collected in Boston is not likely to look like the particulate collected in Grand Rapids or Salt Lake City or Seattle. It seems prudent to collect more data about the real relationship between particulate and public health before rushing full speed into new, more stringent standards.

An independent scientific institute, established years ago with the full support of industry, government, and public interest groups recently undertook a review of the fine particulate data. The Health Effects Institute awarded a grant to two scientists at Johns Hopkins University to re-evaluate the fine particulate data (see the HEI Web site: www.healtheffects.org). Their work is ongoing but two reports have been issued to-date. In short their work validated some of the previous studies, noting that the association between fine particulate and mortality was not dependent upon the statistical model used to analyze the data or the weather. However, their re-analysis showed a smaller increase in mortality and insufficient basis for a cause and effect relationship. In particular, the re-analysis could not tease out a different relationship between different pollutants or combination of pollutants and mortality in the several cities studied. At this point HEI could only conclude that fine particulates play a "role" but whether that role is causal or simply an association with another factor remains to be determined. If the latter is the case, control of fine particulate may do nothing to decrease mortality. We need to do more to zero-in on the causal factor before launching

a national effort to control a pollutant that is only implicated.

Given that "something" seems to be going on with fine particulate and there is value in collecting additional data across the country, EPA should be encouraged to establish a more extensive fine particulate monitoring network. Michigan does not have a single fine particulate monitor operating today. A few years ago, four such monitors operated in Wayne County, the home of Detroit. These monitors showed that fine particulate made up a much smaller fraction of total particulates than EPA assumes they would. EPA could fund the monitoring network. Alternatively, EPA could adopt a less stringent fine particulate standard and states would establish the monitoring network to collect data that could be evaluated in the next round of NAAQS reviews.

In a few months, Michigan and 36 other states will be turning our attention to the findings and recommendations of the *Ozone Transport Assessment Group (OTAG)*. OTAG has been evaluating the long range transport of pollutants contributing to ozone formation, primarily in the states east of the Mississippi. Ultimately, OTAG is expected to recommend strategies to control the long range impact of ozone causing pollutants. EPA has already identified Michigan and 24 other states as "culpable" states, meaning, emissions generated in a culpable state impact a state downwind. Analyses completed to date by OTAG are based on the existing 0.12 ppm, 1-hour standard. We expect that EPA will announce emission reduction targets for the culpable states this summer and give the states 18-months to respond to those demands. Michigan's policymakers will be asked to institute additional, costly programs to benefit our neighbors when we have yet to receive the benefits of similar controls from our neighbors struggling to comply with the current standard.

States are not balking at improving air quality. We will act when the case is compelling. The case is simply not compelling. Instead, we see a forever shifting target for control. Michigan currently has one

classified ozone non-attainment county. Under the proposed 0.08 ppm standard, Michigan would suddenly have at least 15 non-attainment counties and perhaps as many as 25. Michigan does not have a single PM-10 non-attainment county, but under the proposed standard could have as many as four fine particulate non-attainment counties. EPA is pushing too hard to revise the ozone and particulate NAAQS with a highly questionable data base. Michigan has worked very hard in recent years to comply with the latest federal air pollution mandates. We need more time to evaluate the progress we have made.

Thank you for the opportunity to appear before you today.